

United States District Court
District of the Northern Mariana Islands

Robert D. Bradshaw

Plaintiff

V.

PAMELA S. BROWN

et. al.

(See Attached Listing)

Defendants

SUMMONS IN A CIVIL CASE

CASE NUMBER: CV 05-0027

**COMPLAINT and
AMENDED COMPLAINT**

FILED
Clerk
District Court

TO: (Name and address of Defendant)

DEC - 9 2005

Pamela S. Brown
Attorney General
Caller Box 10007, Capitol Hill
Saipan, MP 96950

For The Northern Mariana Islands
By _____
(Deputy Clerk)

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Robert D. Bradshaw
Plaintiff, Pro Se
PO Box 473
1530 W. Trout Creek Road
Calder, ID 83808, Phone 208-245-1691

an answer to the complaint which is served on you with this summons, within Twenty (20) days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

Galo L. Perez

CLERK

(By) DEPUTY CLERK

SEP 22 2005

DATE

RETURN OF SERVICE

Service of the Summons and complaint was made by me ⁽¹⁾	DATE	NOVEMBER 16, 2005
NAME OF SERVER (PRINT)	TITLE	
<i>ROBERT D. BROOKMAN</i>	PLAINTIFF	
<i>Check one box below to indicate appropriate method of service</i>		
<input type="checkbox"/> Served personally upon the defendant. Place where served: _____	_____	
<input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.	Name of person with whom the summons and complaint were left: _____	
<input type="checkbox"/> Returned unexecuted: _____	_____	
<input checked="" type="checkbox"/> Other (specify): <u>CERTIFIED MAIL RETURN RECEIPT, copy ATTACHED</u>	_____	
STATEMENT OF SERVICE FEES		
TRAVEL	SERVICES	TOTAL
DECLARATION OF SERVER		
I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.		
Executed on <u>Nov 16, 2005</u> Date	<u><i>Robert D. Brookman</i></u> Signature of Server	
<u>Box 473 Casper, WY 83808</u> Address of Server		

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

LISTING OF DEFENDANTS FOR SUMMONS

COMMONWEALTH OF THE NORTHERN)
MARIANA ISLANDS (hereafter referred to)
as the CNMI); NICOLE C. FORELLI, former)
Acting Attorney General of the CNMI, in her)
personal/individual capacity; WILLIAM C.)
BUSH, former Assistant Attorney General of)
the CNMI, in his personal/individual capacity;)
D. DOUGLAS COTTON, former)
Assistant Attorney General of the CNMI)
in his personal/individual capacity; L.)
DAVID SOSEBEE, former Assistant Attorney)
General of the CNMI, in his personal/individual)
capacity; ANDREW CLAYTON, former)
Assistant Attorney General of the CNMI, in his)
personal/individual capacity; Other)
UNKNOWN and UNNAMED person or)
persons in the CNMI OFFICE OF THE)
ATTORNEY GENERAL, in their)
personal/individual capacity, in 1996-2002;)
ALEXANDRO C. CASTRO, former Judge Pro)
Tem of the CNMI SUPERIOR COURT, in his)
personal/individual capacity; JOHN A.)
MANGLONA, Associate Justice of the)
CNMI Supreme Court, in his)
personal/individual capacity; TIMOTHY H.)
BELLAS, former Justice Pro Tem of the CNMI)
Supreme Court, in his personal/individual)
capacity; PAMELA S. BROWN, present)
Attorney General of the CNMI; in her)
personal/individual capacity;
ROBERT A. BISOM; and JAY H. SORENSEN.)
Defendants)

**U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)**

Article Sent To:		
SAIPAN MP 96950		
1141	Postage \$ 3.85	
3672	Certified Fee 2.30	
0001	Return Receipt Fee (Endorsement Required) 1.95	
0001	Restricted Delivery Fee (Endorsement Required)	
3220	Total Postage & Fees \$ 7.90	
7099		
7099	<small>See Reverse for Instructions</small>	

Name (Please Print Clearly) (To be completed by mailer)
PAMELA S. BRAUN
 Street, Apt. No.; or PO Box No.
CALLER BOX 10007 CAPITOL HILL
 City, State, ZIP: 27826
SAIPAN MP 96950

PS Form 3800, July 1999

<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p>PAMELA S. BRAUN ATTORNEY GENERAL CALLER BOX 10007 CAPITOL HILL SAIPAN MP 96950</p> <p>2. Article Number (Transfer from service label)</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature X Danny A. Braun <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Danny A. Braun C. Date of Delivery 11/16/05</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/> Certified Mail</td> <td><input type="checkbox"/> Express Mail</td> </tr> <tr> <td><input type="checkbox"/> Registered</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> C.O.D.</td> </tr> </table> </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail	<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail						
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise						
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